

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ROMNEY FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)

MR. RONALD L. BERENSTAIN

Mailing Address 518 HILLSIDE DRIVE E.

City	State	Zip Code
SEATTLE	WA	98112-5054

FEC ID number of contributing federal political committee.

C

Name of Employer
PERKINS COIE L.L.P.

Occupation
ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Transaction ID : SA17.1358600B

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	2

CONTRIBUTION

Amount of Each Receipt this Period

-500.00

[MEMO ITEM]

REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)

MR. RONALD L. BERENSTAIN

Mailing Address 518 HILLSIDE DRIVE E.

City	State	Zip Code
SEATTLE	WA	98112-5054

FEC ID number of contributing federal political committee.

C

Name of Employer
PERKINS COIE L.L.P.

Occupation
ATTORNEY

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Transaction ID : SA17.1749654

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	2

CONTRIBUTION

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)

DR. MILAN BERES

Mailing Address 31 ISINGLASS TERRACE

City	State	Zip Code
TRUMBULL	CT	06611-4038

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17.1700481

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	2

CONTRIBUTION

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....

500.00

Total This Period (last page this line number only).....